BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2000

09898008

CLAIMS AS FILED - PART I								CMALL ENTITY OTHER THAN					
			(Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			21	21				RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEAI	BLE CLAIMS	.2/, minus 20= * /					X\$ 9=		OR	X\$18=	18.0	
IND	EPENDENT CL	AIMS	6_minus 3 = * 3					X40=		OR	X80=	240,0	
MU	LTIPLE DEPEN	DENT CLAIM P	PRESENT					+135=		OR	+270=	STD EL	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTAL		OR	TOTAL	96810	
CLAIMS AS AMENDED - PART II							TOTAL		On	OTHER			
		(Column 1)		(Colu		(Column 3)		SMALL E	ENTITY	OR	SMALL		
AMENDMENT A	*	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	· 21	Minus	2	/	=		X\$ 9=	***	OR	X\$18=	, 1	
AME	Independent	• 6	Minus	*** 6	T OL 4114	=		X40=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM	- W		+135=	***************************************	OR	+270=		
	•						ΑŪ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	= '		X40=		OR	X80=		
<u> </u>	FIRST PRESE	NIATION OF IM	OLTIPLE DEP	CINDEIN	I CLAIM		'	+135=		OR	+270=		
							AC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	The Marie and come an	(Column 1)			mn 2)	(Column 3)							
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***	T OL AINA	<u> -</u>	 	X40=		OR	X80=		
_	TIMOT PHESE	NTATION OF M	OLITPLE DEF	ENDEN	I CLAIM		」	+135=		OR	+270=		
	If the entry in colu						. L	TOTAL		ΛD	TOTAL	·	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or	Docket	Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

_		Elloci	ive varidar	<i>y</i> 1, 20								
CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS			·					RATE	FEE]	RATE	FEE
F	OR	· · · · · · · · · · · · · · · · · · ·	NUMBER FILED		NUMBER EXTRA			BASIC FEE	\$375	OR	BASIC FEE	\$750
T	OTAL CHARGEA	ABLE CLAIMS	minus 20=		* .			X\$ 9=		OR	X\$18=	
INI	DEPENDENT C	LAIMS .	mir	nus 3 =	*			X42=		OR	X84=	
М	JLTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=			+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL		OR OR	TOTAL	
	Bc	LAIMS AS A	AMENDED - PART II (Column 2) (Column 3)				SMALL ENTITY			OTHER SMALL		
AMENDMENT X	· ·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· /8.	Minus	* 21	<u></u>	=		X\$ 9=	1	OR	X\$18=)
	Independent	+ 4	Minus	*** 4		=		X42=		OR	X84=	7
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENI	CLAIM			+140=	ľ	OR	+280=	
						•		TOTAL ADDIT. FEE	_ _	OR	TOTAL ADDIT, FEE	†
		(Column 1)		(Colur		(Column 3)	•			•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	. X\$18=	
A MI	Independent	*	Minus	***	CLAIM]=		X42=		OR	X84≐	
-	IFIRST PRESE	NTATION OF MU	JUINTE DEN	ENDEN	CLAIM		L	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·
		(Column 1)		(Colu		(Column 3)	٠.					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL - FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= ;	4	X42=		OR	X84=	
7	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM		Ĺ	+140=		1	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												